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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) HOGAN LOVELLS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) A. TIBERI FOR CONGRESS Mailing Address 2931 E DUBLIN GRANVILLE ROAD SUITE 190 City State OH 43231 Parpose of Disbursement Candidate Name City State: OH District City State Disbursement Candidate Name Office Sought: Full Name (Last, First, Middle Initial) State: OH District Category/ Type Office Sought: Full Name (Last, First, Middle Initial) State: Disbursement Candidate Name Office Sought: Full Name (Last, First, Middle Initial) State: District Disbursement Candidate Name Office Sought: Full Name (Last, First, Middle Initial) State: Disbursement Candidate Name Office Sought: Full Name (Last, First, Middle Initial) State: District Disbursement Candidate Name Office Sought: Full Name (Last, First, Middle Initial) State: District District Other (specify) ▼ State Zip Code Purpose of Disbursement Candidate Name Category/ Other (specify) ▼ Amount of Each Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Office Sought: Full Name (Las	ITEMIZED DISBURSEMENTS		(check only one)			
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